

LED DEC 4 1943

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 2660

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6751 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Lou Mick

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 31st 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>5</u>	<u>29</u>	hr. _____ min.

9. Birthplace West Frankfort Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl

11. Industry or business _____

MOTHER FATHER

12. Name John Mick

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ma Pinkston

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John Mick

(b) Address 6751 Arsenal St.

17. (a) Burial (b) Date thereof 12-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC - 2 1943 (b) E. G. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1943 hour 2:55 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug 28,
1943, to Nov 29, 1943;
that I last saw her alive on Nov 28, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 2 days

Due to Symptoms - Sarcoma with metastasis into lungs 4 months

Due to _____

Other conditions Diagnosed on 10/29/43
(Include pregnancy within _____ month of death)

Major findings: Of operations Biopsy done on 10/25/43 of lymph node. Of autopsy None 550

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 579 University Club Bldg Date signed 1/29/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-4³⁰ P.M.
UNIVERSITY CLUB BLDG.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin H. McAllister*

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.